Case 19-14224-amc Doc 107 Filed 12/01/19 Entered 12/01/19 22:26:57 Desc Main Document Page 1 of 2

Fill in this information to	identify your case:						
_{Debtor 1} Deborah	Marie	Collins					
First Name Debtor 2 Jason	Middle Name Robert	Last Name Collins					
(Spouse, if filling) First Name	Middle Name	Last Name					
United States Bankruptcy Cour	t for the: Eastern District of Pennsy	∕Ivania ▼					
Case number 19-14224-	jkf	_		Check if th	nis is:		
					ended filing		
					lement showing po as of the following		chapter 13
Official Form 106I				MM / DI	D/ YYYY		
Schedule I:	Your Income						12/15
supplying correct informati If you are separated and yo	te as possible. If two married pon. If you are married and not four spouse is not filing with you. On the top of any additional particular in the top of any additiona	iling jointly, and y , do not include in	our spouse is iformation ab	s living with your spou	ou, include informat use. If more space is	ion about needed. a	your spouse. ittach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-	-filing spo	use
If you have more than one attach a separate page wi information about addition employers.	th	☐ Employed ☑ Not employ	yed	CPR Michiga polamenta harmanen organi presen	✓ Employed✓ Not employed	eri alite-mercio siane carimante, seco	pin-unts-u-144/2020/469994457-pin-19594451-005925
Include part-time, seasona	ai, or				, ,		
self-employed work. Occupation may include s or homemaker, if it applies		None; Disab	<u>led</u>		Truck Driver		
	Employer's name	N/A	****		Covenant Trans	port, Inc	•
	Employer's address	N/A Number Street			400 Bermingham Highway Number Street		
		City	State ZIP	Code	Chattanooga	TN State Z	37419 IP Code
	ere? N/A	-		<u>N/A</u>			
Part 2: Give Details	About Monthly Income						
Estimate monthly income spouse unless you are sep If you or your non-filing spo	e as of the date you file this for	er, combine the info				•	non-filing
			For	Debtor 1	For Debtor 2 or non-filing spouse	_	
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.			2. \$	0.00	\$ 5,166.50	-	
3. Estimate and list monthly overtime pay.			3. +\$	0.00	+ \$0.00	_	
4. Calculate gross income. Add line 2 + line 3.			4. \$	0.00	\$5,166.50		

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Document Deborah Marie Collins

Last Name

Debtor 1

First Name

Case number (if known) 19-14224-jkf

For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... 0.00 5,166,50 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 0.00 1,013,45 5a 5b. Mandatory contributions for retirement plans 0.00 0.00 5b. 5c. Voluntary contributions for retirement plans 0.00 19.46 5c. 5d. Required repayments of retirement fund loans 0.00 0.00 5d. 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. Domestic support obligations 5f. 0.00 0.00 5g. Union dues 5g. 5h. Other deductions, Specify: Non-Taxed Expense Reimburse'ts 0.00 789,47 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 0.001,822.38 0.00 3,344.12 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 monthly net income. 8a. 8b. Interest and dividends 0.00 0.00 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 800.00 0.00 settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 896.60 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 0.00 Specify: 8f. 8g. Pension or retirement income 0.00 0.008g. 8h. Other monthly income. Specify: SSI-minor child-BGC-age 10 8h 152.40 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 1.849.00 0.0010. Calculate monthly income. Add line 7 + line 9. 1,849.00 3,344.12 5,193.12 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5,193.12 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. In February, Debtor 2 will go through a performance review that, it is hoped, will yield a raise. Yes. Explain: